

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10784336

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
NO	DEP	NO	DEP	NO	DEP	NO	DEP
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50							
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS		TOTAL CLAIMS	
2		8		10			